

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and address)</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER:	
FINDINGS AND ORDER AFTER HEARING	CASE NUMBER:

1. This proceeding was heard on *(date)*: _____ at *(time)*: _____ in Dept.: _____ Room: _____
 by Judge *(name)*: _____ Temporary Judge

Petitioner/plaintiff present Attorney present *(name)*: _____
 Respondent/defendant present Attorney present *(name)*: _____
 Other present Attorney present *(name)*: _____

On the order to show cause or motion filed *(date)*: _____ by *(name)*: _____

2. THE COURT ORDERS

- 3. Custody and visitation: As attached on form FL-341 Not applicable
 - 4. Child support: As attached on form FL-342 Not applicable
 - 5. Spousal or family support: As attached on form FL-343 Not applicable
 - 6. Property orders: As attached on form FL-344 Not applicable
 - 7. Other orders: As attached Not applicable
8. Attorney fees *(specify amount)*: \$ _____
 Payable to *(name and address)*: _____
- Payable forthwith other *(specify)*: _____

9. All other issues are reserved until further order of court.

Date: _____ ▶ _____
JUDICIAL OFFICER

Approved as conforming to court order.

▶ _____
 SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT / DEFENDANT